

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000069136 (5)

1. Corporation Name

JENCO COLLECTIONS, INC.

Principal Place of Business

6620 NINA ROSA DR  
ORLANDO FL 32819

Mailing Address

6620 NINA ROSA DR  
ORLANDO FL 32819-7515



2. Principal Place of Business

21 6620 Nina Rosa Dr

2a. Mailing Address

26 PO Box 616440

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Orlando, Florida

28 City & State

Orlando, Florida

24 Zip

32819

25 Country

USA

29 Zip

32861

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

JENSEN, DONALD W  
6620 NINA ROSA DR  
ORLANDO FL 32819

3. Date Incorporated or Qualified

08/16/1996

3a. Date of Last Report

N/A

4. FEI Number

35-5360375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Donald W. Jensen*  
Signature, typed or printed name of registered agent and title if applicable

Donald W. Jensen, President

4-29-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE  
NAME Donald W. Jensen  
STREET ADDRESS 6620 Nina Rosa Dr.  
CITY-ST-ZIP Orlando, FL 32819 was blank

TITLE Director ☐ DELETE  
NAME Donald W. Jensen  
STREET ADDRESS 6620 Nina Rosa Dr.  
CITY-ST-ZIP Orlando FL 32819 was blank

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Donald W. Jensen  
1.3 STREET ADDRESS 6620 Nina Rosa Dr.  
1.4 CITY-ST-ZIP Orlando, FL 32819

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald W. Jensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003080

CR2E034 (9/96)